PTO/SB/17 (02-07) Approved for use through 02/28/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE e Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/762,036-Conf. #3938 **Application Number** FEE TRANSMIT January 21, 2004 Filing Date Stephen J. Todd First Named Inventor For FY 2007 **Examiner Name** E. P. Leroux Applicant claims small entity status. See 37 CFR 1.27 2161 Art Unit E0295.70201US00 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 1,690.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Wolf, Greenfield & Sacks, P.C. x Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity** Small Entity Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 250 600 Reissue 300 500 300 150 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180

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HP = highest number of independent claims paid for, if greater than 3.					
listings under 37	nd drawings exc CFR 1.52(e)), the	e application siz	of paper (excluding electronically filed ze fee due is \$250 (\$125 for small entition) (G) and 37 CFR 1.16(s).		
Total Sheets	Extra Sheets	Number	of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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	_	2252 Extension	n for response within Third month		900.00
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57,866

Telephone

Fee Paid (\$)

Fee Paid (\$)

Total Claims

Indep. Claims

Signature

Dated: Ma

Extra Claims

HP = highest number of total claims paid for, if greater than 20.

Extra Claims

Fee (\$)

Fee (\$)

(617) 646-8000

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)